

Case Number:	CM14-0116403		
Date Assigned:	08/13/2014	Date of Injury:	01/08/2010
Decision Date:	09/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 61-year-old female who injured her back in a work related accident on January 8, 2010. The clinical records provided for review include the office visit dated June 5, 2014 documenting ongoing low back and leg complaints aggravated with activities. Physical examination showed restricted lumbar flexion and extension, positive left-sided straight leg raise, and a normal motor, sensory, and reflexive examination. The office note documented that the claimant had failed conservative treatment and the physician reviewed the MRI of February 20, 2014 that identified disc bulging at L3-4, L4-5 and L5-S1 levels resulting in underlying foraminal narrowing. The recommendation was made for a two level L4-5 and L5-S1 decompression, laminectomy and discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Posterior Lumbar Decompression with partial laminectomy & foraminotomies AT L4-L5, L5-S1 to be done inpatient at Hoag Hospital: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: ACOEM Guidelines recommend surgical discectomy for selected patients with nerve root compression due to lumbar disc prolapsed. The documentation presented for review does not identify any clinical correlation between the documentation of the claimant's imaging findings and the claimant's examination to support the need for an L4-5 and L5-S1 procedure. The documentation of the claimant's recent physical examination failed to demonstrate any focal, motor, sensory, or reflexive change of the lower extremities. While the claimant is noted to have multilevel disc bulging on imaging, there are no concordant findings on examination to require the surgical procedure as requested. Therefore, based on California ACOEM Guidelines, the request for Posterior Lumbar Decompression with partial laminectomy and foraminotomies at L4-L5, L5-S1 cannot be recommended as medically necessary.

Medical Clearance by [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical examinations and Consultations, Chapter 7, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT® Y/N Description 22630 Y Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME: Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, 901.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.